



STATE OF CONNECTICUT | OFFICE OF POLICY AND MANAGEMENT
INTERGOVERNMENTAL POLICY AND PLANNING DIVISION
 450 Capitol Avenue | MS# 54ORG | Hartford, CT 06106-1379
NOTICE OF GRANT AWARD



The Office of Policy and Management, Intergovernmental Policy and Planning Division, hereby makes the following grant award in accordance with [Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k\(c\) and 4-66r](#) and in accordance with the grant solicitation and the attached grant application, if applicable.

Grantee: Capitol Region Council of Governments				Town Code: N/A	
Street address: 241 Main Street-4th Floor		State Agency Code: N/A		DUNS No. (if applicable): N/A	
City: Hartford		State: CT	ZIP Code: 06106	FEIN (required): 06-0845880	
Grant Program Name: Regional Services Grant					
OPM Grant No.: RSG-021-01		Project Title: FY 2021 Regional Services Grant			
Date of Award: 5/26/2020		Category (if applicable): N/A			
Period of Award: (Choose one) Start Date: <input type="checkbox"/> The date Notice of Grant Award is signed by <u>both</u> Grantor & Grantee (whichever is later). <input type="checkbox"/> On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). <input checked="" type="checkbox"/> 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (attach copy of authority w/ notice of grant award).					End Date: 6/30/2021
AMOUNT OF GRANT AWARD					
Federal:	State: \$736,490.36	Interest:		State Match:	
Grantee Match:	Other: Specify:	Total Budget: \$736,490.36			
Federal Grant No.: N/A					
Grantee Fiscal Year: From: July 1 To: June 30			Catalog of Federal Domestic Assistance (CFDA) Number: N/A		

My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that:
 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions.

BY:

 Signature of Authorized Grantee Official
 Lyle Wray, Executive Director

Date

FOR THE OFFICE OF POLICY AND MANAGEMENT:

BY:

 Signature of OPM Secretary or OPM Deputy Secretary
 Melissa McCaw, Secretary or Deputy Secretary Konstantinos Diamantis

Date

For OPM Business Use Only

AMOUNT	FUND	DEPT	SID	PROG	ACCT	CHART 1	CHART 2	BR YR	PROJECT
\$1,529.14	12060	OPM20600	35457	13046	55050			2012	OPM000000001111
\$324.01	12060	OPM20600	35457	13046	55050			2014	OPM000000001111
\$709,811.29	12060	OPM20600	35457	13046	55050			2016	OPM000000001111
\$24,825.92	12060	OPM20600	35457	13046	55050			2020	OPM000000001111

NOTICE OF GRANT AWARD



Grantee: Connecticut Metropolitan Council of Governments				Town Code: N/A	
Street address: 1000 Lafayette Blvd-9th Floor Suite 925			State Agency Code: N/A		DUNS No. (if applicable): N/A
City: Bridgeport		State: CT	ZIP Code: 06604		FEIN (required): 06-0765591
Grant Program Name: Regional Services Grant					
OPM Grant No.: RSG-021-02		Project Title: FY 2021 Regional Services Grant			
Date of Award: 5/26/2020		Category (if applicable): N/A			
Period of Award: (Choose one) Start Date: <input type="checkbox"/> The date Notice of Grant Award is signed by <u>both</u> Grantor & Grantee (whichever is later). <input type="checkbox"/> On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). <input checked="" type="checkbox"/> 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (attach copy of authority w/ notice of grant award).					End Date: 6/30/2021
AMOUNT OF GRANT AWARD					
Federal:	State: \$341,783.89		Interest:		State Match:
Grantee Match:	Other: Specify:		Total Budget: \$341,783.89		
Federal Grant No.: N/A					
Grantee Fiscal Year: From: July 1 To: June 30			Catalog of Federal Domestic Assistance (CFDA) Number: N/A		

BY: _____

Signature of Authorized Grantee Official
Matt Fulda, Executive Director

Date

FOR THE OFFICE OF POLICY AND MANAGEMENT:

BY: _____ Date _____
 Signature of OPM Secretary or OPM Deputy Secretary
 Melissa McCaw, Secretary or Deputy Secretary Konstantinos Diamantis

[illegible]

Grantee: Lower Connecticut River Valley Council of Governments				Town Code: N/A	
Street address: 145 Dennison Road			State Agency Code: N/A		DUNS No. (if applicable): N/A
City: Essex		State: CT	ZIP Code: 06426		FEIN (required): 45-5533305
Grant Program Name: Regional Services Grant					
OPM Grant No.: RSG-021-03		Project Title: FY 2021 Regional Services Grant			
Date of Award: 5/26/2020		Category (if applicable): N/A			

AMOUNT OF GRANT AWARD			
Federal:	State: \$406,578.56	Interest:	State Match:
Grantee Match:	Other: Specify:	Total Budget: \$406,578.56	
Federal Grant No.: N/A			

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NOTICE OF GRANT AWARD



Grantee: Naugatuck Valley Council of Governments				Town Code: N/A	
Street address: 49 Leavenworth Street-3rd Floor		State Agency Code: N/A		DUNS No. (if applicable): N/A	
City: Waterbury		State: CT	ZIP Code: 06702		FEIN (required): 47-1630360
Grant Program Name: Regional Services Grant					
OPM Grant No.: RSG-021-04		Project Title: FY 2021 Regional Services Grant			
Date of Award: 5/26/2020		Category (if applicable): N/A			
Period of Award: (Choose one) Start Date: <input type="checkbox"/> The date Notice of Grant Award is signed by <u>both</u> Grantor & Grantee (whichever is later). <input type="checkbox"/> On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). <input checked="" type="checkbox"/> 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (<i>attach copy of authority w/ notice of grant award</i>).					End Date: 6/30/2021
AMOUNT OF GRANT AWARD					
Federal:	State: \$570,882.19		Interest:		State Match:
Grantee Match:	Other: Specify:			Total Budget: \$570,882.19	
Federal Grant No.: N/A					
Grantee Fiscal Year: From: July 1 To: June 30		Catalog of Federal Domestic Assistance (CFDA) Number: N/A			
My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions.					
BY: _____ Signature of Authorized Grantee Official Rick Dunne, Executive Director					
_____ Date					
FOR THE OFFICE OF POLICY AND MANAGEMENT:					
BY: _____ Signature of OPM Secretary or OPM Deputy Secretary Melissa McCaw, Secretary or Deputy Secretary Konstantinos Diamantis					
_____ Date					

[illegible]

NOTICE OF GRANT AWARD



Grantee: Northeastern Connecticut Council of Governments				Town Code: N/A	
Street address: 125 Putnam Pike Route 12			State Agency Code: N/A		DUNS No. (if applicable): N/A
City: Dayville		State: CT	ZIP Code: 06241		FEIN (required): 06-0850466
Grant Program Name: Regional Services Grant					
OPM Grant No.: RSG-021-05		Project Title: FY 2021 Regional Services Grant			
Date of Award: 5/26/2020		Category (if applicable): N/A			
Period of Award: (Choose one) Start Date: <input type="checkbox"/> The date Notice of Grant Award is signed by <u>both</u> Grantor & Grantee (whichever is later). <input type="checkbox"/> On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). <input checked="" type="checkbox"/> 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (<i>attach copy of authority w/ notice of grant award</i>).					End Date: 6/30/2021
AMOUNT OF GRANT AWARD					
Federal:	State: \$208,569.14		Interest:		State Match:
Grantee Match:	Other: Specify:			Total Budget: \$208,569.14	
Federal Grant No.: N/A					
Grantee Fiscal Year: From: July 1 To: June 30		Catalog of Federal Domestic Assistance (CFDA) Number: N/A			
My signature below, for and on behalf of the above named grantee, indicates acceptance of the above referenced award and further certifies that: 1.) I have the authority to execute this agreement on behalf of the grantee; and 2.) The grantee will comply with all attached Grant Conditions.					
BY: _____					
Signature of Authorized Grantee Official John Filchak, Executive Director			Date		
FOR THE OFFICE OF POLICY AND MANAGEMENT:					
BY: _____					
Signature of OPM Secretary or OPM Deputy Secretary Melissa McCaw, Secretary or Deputy Secretary Konstantinos Diamantis			Date		

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NOTICE OF GRANT AWARD



Grantee: Northwest Hills Council of Governments				Town Code: N/A	
Street address: 59 Torrington Road-Suite A-1		State Agency Code: N/A		DUNS No. (if applicable): N/A	
City: Goshen		State: CT	ZIP Code: 06756		FEIN (required): 38-3917142
Grant Program Name: Regional Services Grant					
OPM Grant No.: RSG-021-06		Project Title: FY 2021 Regional Services Grant			
Date of Award: 5/26/2020		Category (if applicable): N/A			
Period of Award: (Choose one) Start Date: <input type="checkbox"/> The date Notice of Grant Award is signed by <u>both</u> Grantor & Grantee (whichever is later). <input type="checkbox"/> On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). <input checked="" type="checkbox"/> 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (attach copy of authority w/ notice of grant award).					End Date: 6/30/2021
AMOUNT OF GRANT AWARD					
Federal:	State: \$370,211.32		Interest:		State Match:
Grantee Match:	Other: Specify:			Total Budget: \$370,211.32	
Federal Grant No.: N/A					
Grantee Fiscal Year: From: July 1 To: June 30			Catalog of Federal Domestic Assistance (CFDA) Number: N/A		

BY: _____

Signature of Authorized Grantee Official _____ Date _____

Richard Lynn, Executive Director

FOR THE OFFICE OF POLICY AND MANAGEMENT:

BY: _____ Date _____
 Signature of OPM Secretary or OPM Deputy Secretary
 Melissa McCaw, Secretary or Deputy Secretary Konstantinos Diamantis

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NOTICE OF GRANT AWARD



Grantee: South Central Regional Council of Governments				Town Code: N/A	
Street address: 127 Washington Avenue-4th Floor West			State Agency Code: N/A		DUNS No. (if applicable): N/A
City: North Haven		State: CT	ZIP Code: 06473		FEIN (required): 06-0770103
Grant Program Name: Regional Services Grant					
OPM Grant No.: RSG-021-07		Project Title: FY 2021 Regional Services Grant			
Date of Award: 5/26/2020		Category (if applicable): N/A			
Period of Award: (Choose one) Start Date: <input type="checkbox"/> The date Notice of Grant Award is signed by <u>both</u> Grantor & Grantee (whichever is later). <input type="checkbox"/> On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). <input checked="" type="checkbox"/> 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (<i>attach copy of authority w/ notice of grant award</i>).					End Date: 6/30/2021
AMOUNT OF GRANT AWARD					
Federal:	State: \$493,417.53		Interest:		State Match:
Grantee Match:	Other: Specify:			Total Budget: \$493,417.53	
Federal Grant No.: N/A					
Grantee Fiscal Year: From: July 1 To: June 30			Catalog of Federal Domestic Assistance (CFDA) Number: N/A		

BY: _____

Signature of Authorized Grantee Official _____ Date _____

Carl Amento, Executive Director

FOR THE OFFICE OF POLICY AND MANAGEMENT:

BY: _____ Date _____
 Signature of OPM Secretary or OPM Deputy Secretary
 Melissa McCaw, Secretary or Deputy Secretary Konstantinos Diamantis

[illegible]

NOTICE OF GRANT AWARD



Grantee: Southeastern Connecticut Council of Governments				Town Code: N/A	
Street address: 5 Connecticut Avenue		State Agency Code: N/A		DUNS No. (if applicable): N/A	
City: Norwich		State: CT	ZIP Code: 06360		FEIN (required): 06-0770236
Grant Program Name: Regional Services Grant					
OPM Grant No.: RSG-021-08		Project Title: FY 2021 Regional Services Grant			
Date of Award: 5/26/2020		Category (if applicable): N/A			
Period of Award: (Choose one) Start Date: <input type="checkbox"/> The date Notice of Grant Award is signed by <u>both</u> Grantor & Grantee (whichever is later). <input type="checkbox"/> On Select Date or after Notice of Grant Award is signed by both parties (whichever is later). <input checked="" type="checkbox"/> 7/1/2020 pursuant to Section 29 of Public Act 19-117 and C.G.S. §§ 4-66k(c) and 4-66r (attach copy of authority w/ notice of grant award).					End Date: 6/30/2021
AMOUNT OF GRANT AWARD					
Federal:	State: \$322,954.02		Interest:		State Match:
Grantee Match:	Other: Specify:			Total Budget: \$322,954.02	
Federal Grant No.: N/A					
Grantee Fiscal Year: From: July 1 To: June 30			Catalog of Federal Domestic Assistance (CFDA) Number: N/A		

BY: _____

Signature of Authorized Grantee Official _____ Date _____

James S. Butler, Executive Director

BY: _____ Date _____
 Signature of OPM Secretary or OPM Deputy Secretary
 Melissa McCaw, Secretary or Deputy Secretary Konstantinos Diamantis

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